Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	71	Example II	9 10 1/39
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PEREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (14)39
1. PLACE OF DEATH	92-0
County Lucen agree	Registration Dist. No. 254
Village or City / Bryantown	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME MAKEL & Berks	
B +	O. W. I
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female Colored Marked Warne the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	V-1
(or) WIFE of George Serky	22. I HEREBY CERTIFY. That I attended deceased from 1933, to 3011 11 1933
6. DATE OF BIRTH (month, day, and year) May 9-1889	1 last saw h. La alive on And 100, 1933; death is said
7. AGE Years Months Day If LESS than	to have occurred on the date stated above, at
43 9 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Indostry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	- Malaal 12 mm 2 later tand
9. Indostry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	1 33
SAW MILL, BANK, etc	
this occupation (month and Ar. 1935 spent in this was	
9 0	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) August Usual (State or country)	
# 13. NAME James a. Cook	
13. NAME James a. Croke 14. BIRTHPLACE (ctr or town) Question anne Co	Name of operation Date of
ii (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Laura V. Stewart	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Laurea V. Stewart 16. BIRTHPLACE (city or town) Que Con	Accident, suicide, or homicide? Date of Injury19
S (State or country)	Where did Injury occur?
17. INFORMANT Gerra Berry	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.
(Address) Disconstance R+A	P-,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Druggers LA Bate Coffee 17, 19 3	Nature of injury
19. UNDERTAKER D. H. H. C.	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Opp. 12 1933 Iklen M. aldid	(Signed) Municipal M.D.
Socal Registrar	(Address)
If more blanks are needed, address State Registrar.	2411 N. Charlet Street Baltimore Requesting 9) S. No. 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	AND DESCRIPTION OF THE PARTY OF	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Atlack of chilensy	1 week ago
Chronic interstitial nephritis	1921	Run over by treet car	1 week ago
Cerebral hemorrhage	July 5, 1927-	Peritonetis C	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Chystroenteritis	1 year

infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 252 Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) Medawedo 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, That I attended dacaased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) Dec 21 I last saw h Lucy alive on __/ 7. AGE Years Months Davs If LESS than to have occurred on the date stated above, at. S. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance or min. Date of onset 8. Trada, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, atc. ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data dacaasad last worked at 11. Total time (vaars) this occupation (month and spent in this occupation ... Othar Contributory Causes 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Change Of Was there an autopsy? He HER 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide?______ Date of injury______, 19___ 16. BIRTHPLACE (city or town) (State or country Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Natura of Injury 24. Was diseasa or Injury in any way related to occupation of daceesed? 19. UNDERTAKER (Address) If so, specify (Signed)__

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write nonc.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

V. S. No. 1 B ż

1. PLACE OF DEATH County	i aire	Registration Dist. No. 253
Village or City	herter	No. St., Wa If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where d		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. II married, widowed, or divorced HUSBAND of (or) WIFE of	0	22. I HEREBY CERTIFY, That I attended deceased In
6. DATE OF BIRTH (month, day, and year)	JUL 23 - 3:	1
7. AGE Years Months	Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind ol work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Data of one
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	L or Table 2	Olle lone
12. BIRTHPLACE (city or town) (State or country)	11. Total time (years) spent in this occupation	Other Centributary Causes of importance:
13. NAME WWW QUE 14. BIRTHPLACE (city or town)	Jo vall	
(State or country)	her wo	Name of operation
IS. MAIDEN NAME LOUD TO	Nashields	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	(Cu)	Accident, suicide, or homicide?
17. INFORMANT Seu o Ca h (Address)	Santuelds	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place MISORE	Date April 24, 1933	Manner of injury
19. UNDERTAKER Will Care (Address) Chiest	phell ko med	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED apr 24,1933 7. (2. Thomas Local Registrar.	(Signed) The On Development M. (Address) Plengus Wille W.

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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17	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	Name of the second seco	
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

should state Exact statement of OCCUPA-RECORD. Every item of infor-PHYSICIANS mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING THE UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED N. B.-WRITE PLAINLY, V. S. No. 1

1. PLACE OF DEATH	93-2
County Luce acces	Registration Dist. No. 252
	No. St., Wadesh occurred in a hospital or institution, give its NAME instead of street and number)
n a constant of the constant o	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Margaret Dele	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Servale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5e. If married, widowed, or divorced HUSBAND of	(1001)
(OI) WIFE OF Rechard Dice	1 HEREBY CERTIFY, That I ettended deceased fr
6. DATE OF BIRTH (month, dey, and yeer) accept 1-1872	I last sew h 193 elive on 4-2 1933; deeth is s
7. AGE Yeers Months Deys If LESS than	to have occurred on the data stated ebove, atm.
60 8 V/ 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:
8. Trade, profession, or perticuler kind of work done, as SPINNER, Copperation SAWYER, BOOKKEEPER, etc.	Valuur Disea
9. Industry or business in which work was done, es SILK MILL	φ.
SAW MILL, BANK, etc	of one hunt.
10. Deta deceased lest worked et this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) (Stete or country) 12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
13. NAME Lea le Marini	
13. NAME Hea III. March 14. BIRTHPLACE (city or town) (State or country) March Caralus	Neme of operation Deta of What tast confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Mary Delghuse	23. If death wes dua to externel ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary Delghuese 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur?
17. INFORMANT Manue Cannon (Address) Cutimele Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Carsic Neck Dete apr 4 1933	Menner of Injury
19. UNDERTAKER Parton Brown (Address) Out to 19.000	24. Was diseese or injury in any wey related to occupetion of daceased?
20. FILED apr. 4, 1933 Manie & Bright.	(Signed) M (Address) M

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I			Example II	Zatti pics (
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were a	of death and related causes is follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	- # 3/AM	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	850r	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	7333	3 days ago
			day.	
Other contributory causes of importance:		Other contributory ca	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	
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2

19 UNDERTAKER (Address)

Date of enset

Name of oparation_____ What test confirmed diagnosis?_____ Was there an autopsy?____ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Nature of injury. 24. Was diseese or Injury in any way ralated to occupation of decaased? If so, specify (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	DI	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis TEAU V S	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	wrong 2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STA	TE OF	MARYL	AND-	-CERTIF	FICATE	OF	DEAT
PLACE OF DEATH					(1)		

april 22 , 19 33 , to april 27 , 1933	1. PLACE OF DEATH	U4204
Village of Cif. M. Aauley (If death occurred in a hospital or institution, give its NAME intered of street and number) Langth of residence in city or town where death occurred	County Q Q G	Registration Dist. No. 250
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, ORD DIVORCED (curris the yord) So. It murriad, widowad, or divograd Medical Society of the property o	→	NDSt.,Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, ORD DIVORCED (curris the yord) So. It murriad, widowad, or divograd Medical Society of the property o	2. FULL NAME Gertha Holdus	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DUCKED ("write the wyre!) 1. MALLY So. If married, widowad, or divergered MLL of the wyre!) A. DATE OF BIRTH (month, day, and year) Months Day's IT LESS than 1. day,		St Ward
3. SEX 4. COLOR OR RACE S. SINGER MARRIED, WIDOWED, OR DIVORCED ("wire the wyrols") 192 193	(Usual place of abode)	
So. II married, wideward, or diverged Medical Married Warried	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
6. DATE OF BIRTH (month, day, and year) Muly 5 / 90 2 7. AGE Years Months Days If LESS than 1 day,hrs. 8. Trade, profession, or particular significance of the control of the control of the data stated above, at 1.0 41.2 mm. hrs. where as a silva on 97.1 ft. 19.3.2 death is said to have accurred on the data stated above, at 1.0 41.2 mm. hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as colored: were as a silva on 11. Total time (years) saw Mill. BANK, etc. 10. Total decassad last worked at this occupation (month and year) sopant in this occupation (month and year) occupation Muly final occupation (month and year) occupat	Finally Welly OR DIVORCED (write the wp	
7. AGE Years Months Days If LESS than 1 day. In this day were as Iglower as I	HUSBAND of Gory WIFE of Harford Holder	
Secretary of the second of t	6. DATE OF BIRTH (month, day, and year) Will 5 1902	
8. Trade, profession, or particular kind of work doing as SPINNER, War Jix, SWYER, BOOKKEPER, etc. 9. Industry or business in which this vocapation work and an assist MILL. SWW MILL, BANK, etc. 10. Data decessal last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME W Soward 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT Wideling Work and the state of th		
3. Trade, profession, or particular kind of work does, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, status or country or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Data deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMAT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date of Injury Name of operation. What test confirmed diagnosis? Was there an au'opsy? 21. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) A MANGERIAL CREMATION, OR REMOVAL Place Date of Injury Nature of injury Nature of injury Nature of injury Nature of injury in any way related to occupation of deceased? If so, specify (Signed) A MANGERIAL CREMATION, OR REMOVAL Place Date of Injury Nature of injury in any way related to occupation of deceased? If so, specify (Signed) A MANGERIAL CREMATION, OR REMOVAL Place CANCEL CREMATION, OR REMOVAL Place Date of Injury Nature of injury in any way related to occupation of deceased? If so, specify (Signed) A MANGERIAL CREMATION, OR REMOVAL Place CANCEL CREMATION, OR REMOVAL Place Date of Injury Nature of injury in any way related to occupation of deceased? If so, specify (Signed) A MANGERIAL CREMATION, OR REMOVAL Place CANCEL CREMATION, OR REMOVAL Place Date of Injury Nature of injury in any way related to occupation of deceased? If so, specify (Signed) CANCEL CREMATION, OR REMOVAL Place CANCEL CREMATION A CANCEL CREMATION A CANCEL CREMATION A C	3/ / 22 or mir	Were as fallows:
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date	8. Trade, profession, or particular kind of work done, as SPINNER, Hay his SAWYER, BOOKKEPER, etc.	Prepull Liph'cunq
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
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What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Da		Other Contributory Causes of Importance: Self michier alorlum, 2 mil.
What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Da	13. NAME W- Loward	
What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in inDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date	14 BIRTHPLACE (city or town) Trusplevell,	Nama of operation Date of
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date	(State or country)	
16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date Date Date Date Date Date	15. MAIDEN NAME alice halls	
Specify whether injury occurred in industry, in Home, or in Public Place. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date Date Date Date Date Dat	o 16. BIRTHPLACE (city or town) Lung linely	Accident, suicide, or homicide? Date of injury, 19
Place Busich Date Date 20, 192 Mature of injury 19. UNDERTAKER WAS A Secretary Secret	لنتا التنتينين والمنتف والمراطوات والمناه المراج المناه المناع المناه ال	(Specify city or town, county and State)
(Address) & Wash 2011 If so, specify (Signed) C & Matgalle M. D. (Signed) C & Matgalle M. D.	18. BURIAL, CREMATION, OR REMOVAL	25
(Address) & Wash 2014 If so, specify (Signed) C & Mstgalle y 1	19 UNDERTAKER THE ALL STORES	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 7. 19 19 19 19 19 19 19 19 19 19 19 19 19		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V-x			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIA	N
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V. S. No. 1

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RD. Every	YSICIANS	statement	
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N. B.—WRITE PLAINLY, W. H UNFADING INK—THIS IS A PERMANEN ECORD. Every ite	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SI	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	e.
Ы	70	rly	cat
4	ate	ope	TION is very important. See instructions on back of certificate.
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SIL	pe	be	of
E	pl	ay	ck
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1. PLACE OF DEATH	-עאא	CERTIFICATE OF DEATH
County Queen Anne		Registration Dist. No. 250
Village or City near Barclay	(lf	No. St., W death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos.
2. FULL NAME Stillborn Holden		
(a) Residence: No. (Usual place of abod	de)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, VOR DIVORCED (write single	WIDOWED, re the word)	21. DATE OF DEATH April / Solution (Day) (Year) (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased f
6. DATE OF BIRTH (month, day, and year) April /6	1933	
7. AGE Years Months Days If	f LESS than	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Date of on
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and year) 11. Total time (year) spent in the occupation.	is	STILLBORN
I2. BIRTHPLACE (city or town)		Other Contributory Causes of importance:
Medford Holden		
14. BIRTHPLACE (city or town) Brokens		Name of operation Oate of What test confirmed diagnosis? Was there an au'opsy?
ដ 15. MAIDEN NAME Bertha Holden		23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Bertha Holden 16. BIRTHPLACE (city or town) Templeville (State or country) Md.		Accident, suicide, or homicide? Date of injury, [9
17. INFORMANT Medford Holder (Address) Baschand	m d	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
I8. BURIAL, CREMATION, OR REMOVAL Place Oate	, 19	Manner of injury
19. UNDERTAKER(Address)		24. Was disease or injury in any way related to occupation of deceased?
20. FILED 19 Martha a Ph	illifes Registrar.	(Signed) Aartha a Chillegov x

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

united states standard certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JEN 8 808			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Helian A. Conference Management (CA)			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN			

should state

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	4206
1. PLACE OF DEATH	(21)	TOUT
County Luce Comme	Registration Dist. No. 25	2
Village or Gity Dean Grane	No. St.	Ward
(1	f death occurred in a hospital or institution, give its NAME instead of street and	number)
. N / P, F	sds. How long in U.S. if of foreign birth?m	0\$0\$.
2. FULL NAME /Jungl 1. Lightlich		
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (awrite the word) Male Market	21. DATE OF DEATH. (Month) (Day)	, 193 3 (Year)
5a. If merried, widowad, or divorced HUSBAND of (or) WIEE of Margaret Lemp hightered	22. A . I HEREBY CERTIFY, That I atlended	
6. DATE OF BIRTH (month, day, and year) The 2 8-1854	I last saw h im aliva on april of 1923	.: death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, et	_, ucatii is said
78 10 13 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance wera as follows:	,
8 Trade profession or particular - 1	weia as ivilons.	Date of onset
kind of work dona, as SPINNER Mesmoter of The	1	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Minue myorardelis	2- quan
kind of work dona, as SPINNER ALL SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)	\	-
missle harde	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country) Una	Pulmona, poundous	74254
13. NAME alexander Brokenlee Rightner	artirio releionis -	19281
13. NAME We fander Brokenke Reghtner 14. BIRTHPLACE (city or town)	Name of operation Date of	- 4-4
(State of country)	Whet tast confirmad diagnosis? Was there an a	autopsy?
15. MAIDEN NAME Sacak &. Wayland 16. BIRTHPLACE (city or town)	23. If death was due to extarnal causes (VIOLENCE) fill in also the following	3:
	Accident, suicide, or homicide? Date of injury	, 19
(State or country) / Ougue	Where did injury occur? (Specify city or town, county and Stat	(e)
17. INFORMANT Mes . Leave I hightree (Address) Quality Campa, mad	Specify whathar injury occurrad in INDÚSTRY, in HOME, or in PÚBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Schuller Va Data after 1719.33	Nature of injury	
19. UNDERTAKER Section Scale	24. Was disease or injury in any way ralated to occupation of decaesed?	Tho
(Addrass) Centrevelle Ma	If so, specify The The	
20. FILED Upr 11 , 1933 1 Janus S. Bright.	(Signed) (Address) Aluton Jud-	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		GRAIROSE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BINDING

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MARGIN

3. SEX

7. AGE

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FATHER

MOTHER

13. NAME

14. BIRTHPLACE (city or town).

16. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

(State or country)

HUSBAND of

(or) WIFE of

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County Lu Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? vrs. mos. ds. Length of residence In city or town where death occurred... (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) inale (Month) (Year) 5a. If married, widowed, or divorced 22. ERTIFY That I attended daceased from 6. DATE OF BIRTH (month, day, end year) Years If LESS than Months Days to have occurred on the data stated above, at, 1 day-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 6 or min. wera as follows: Date of enset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date decaesed lest worked at 11. Total time (years) spent In this 3 this occupation (month and occupation ... 12. BIRTHPLACE (city or town) (State or country)

What tast confirmed diagnosis?_

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Tel Dete.

19. UNDERTAKER (Addrass)

> Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

23. If death was due to axternal causas (VIOLENCE) fill In also tha following:

Accident, suicide, or homicide?______ Date of injury_______ 19

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury Nature of injury..... 24. Wes disease or injury in any wey related to occupation of deceasad?

If so, specify

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PRIAT V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	
1. PLACE OF DEATH County Que august	Registration Dist. No. 252
Village or City Starr	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Julia C. Solu	uglin
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Temale White Married	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of The P. Schuyler	22. Office 17 1933 to Office 17 1933
6. DATE OF BIRTH (month, day, end yeer) Sept. 20-11864	I lest saw her alive on Africa 17 , 19 32; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date steted above, etA_m.
68 6 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of Importance were es follows:
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Clorone mys Carditio
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end	(Suddenly)
11. Total time (yeers) this occupetion (month end year)	
12. BIRTHPLACE (city or town) Quelly Anne Co (Stete or country)	Other Contributory Causes of importance:
13. NAME William Morgan	
14. BIRTHPLACE (city or town) Luceu Aune Co. (Stete or country)	Name of operation
15. MAIDEN NAME Julia Head	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following;
16, BIRTHPLACE (city or town) Julia Clan Con (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Jon R. Schueller (Address) Centrendle ond	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place entrevelle oate agr 19e, 1933	Manner of injury
19. UNDERTAKER Benj. P. Fellows (Address) Stall Pana	24. Was disease or injury in any way releted to occupetion of deceased? If so, specify
20. FILED apr 19, 1933 ITTamia S. Bright.	(Signed) V I I I I I M. O. (Address) Carline or Sha Well

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	11	Example II		
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURGAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN
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V. S. No.

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OCCL		OCCUPATION OF THE PERSON OF TH
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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU		
Exact		
classified.		
properly	TION is very important. See instructions on back of certificate.	
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 2 52 Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?______yrs._____mos.____ds. Length of residence in city or town where death occurred vrs 2. FULL NAME Ward. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (wpite the word) Suca (Year) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of April 16-1933 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than Months to have occurred on the data stated above, at ______m 1 day, _____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc..... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10) Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What tast confirmed diagnosis?_ MOTHER 15. MAIDEN NAME 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Data of injury _____ 19___ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Addrass) If so, specify (Signed).

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week dgo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GEVISORO	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallslones	May 1,1923	1923 Gastroenteritis	
